

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 8-17-01 through 1-23-02.
- b. The request was received on 7-8-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

No Response was noted from the Respondent in the dispute packet.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 7-30-02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 7-3-02:

"(Requestor) provided healthcare to (Claimant) reasonably required by the nature of the injury that cured or relieved the effects naturally resulting from the compensable injury, promoted recovery, and/or enhanced the ability of the employee to return to or retain employment."
2. Respondent: No response noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 8-17-01 through 1-23-02.
2. The Carrier has denied the disputed services as reflected on the EOBs as, “TR15 – A – THE PROVIDER IS NOT AUTHORIZED BY THE EMPLOYER”; “TR 29 – N – THE BILLED SERVICE/PROCEDURE IS NOT SUBSTANTIATED BY A MEDICAL REPORT”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
8-17-01 9-12-01 12-3-01 1-23-02	99213 99213 99213 99213	\$71.00 \$71.00 \$71.00 \$71.00	\$-0- \$-0- \$-0- \$-0-	TR15 TR15 TR29 TR15	\$48.00	Texas Workers' Compensation Act & Rules 133.307 (g) (3) (B); CPT Descriptors	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. Also, Commission Rule 133.307 (g) (3) (B) requires “a copy of any pertinent medical records or other documents relevant to the fee dispute” be submitted. The Requestor has failed to supply any medical documentation for this dispute. Therefore, no additional reimbursement is recommended.
Totals		\$284.00	\$-0-				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 12th day of December 2002.

Lesa Lenart
 Medical Dispute Resolution Officer
 Medical Review Division

LL/ll